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	in this information to identify you	our case: / Broughton								
	Dorottis	/ Broughton			-					
1 -	btor 2 ouse, if filing)				-					
Un	ited States Bankruptcy Court fo	or the: DISTRICT OF NEW	JERSEY, CAMDEN	DIVISION	_					
Ca	ase number 19-17151					Check if this is	:			
(If known)						■ An amended filing				
L						☐ A supplem income as	ent showing of the follow		chapter 13	
0	fficial Form 106l					MM / DD/	YYYY			
S	chedule I: Your I	ncome							12/1	
atta	tuse. If you are separated and ach a separate sheet to this for the transfer of the transfer o	rm. On the top of any additi	onal pages, write yo			ase number (if kı	nown). Ans	wer every qu		
	information.		Debtor 1	Debtor 1			Debtor 2 or non-filing spouse			
	If you have more than one job attach a separate page with information about additional	Employment status	■ Employed□ Not employed	_			■ Employed□ Not employed			
	employers.	Occupation								
	Include part-time, seasonal, self-employed work.	Employer's name								
	Occupation may include stuchomemaker, if it applies.	dent or Employer's address								
		How long employed	there?							
Pa	rt 2: Give Details About	Monthly Income								
unle	imate monthly income as of these you are separated.	•						•		
•	ce, attach a separate sheet to th		ilbille tile illioitilation i	or all emplo	устъ	TOT THAT PERSON ON	tile lilles be	siow. II you ne	eu more	
						For Debtor 1		otor 2 or ng spouse		
2.		salary, and commissions (b hly, calculate what the monthly		2.	\$_	0.00	\$	0.00		
3.	Estimate and list monthly of	overtime pay.		3.	+\$_	0.00	+\$	0.00		
4.	Calculate gross Income. A	dd line 2 + line 3.		4.	\$_	0.00	\$	0.00		

Official Form 106l Schedule I: Your Income page 1

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Debtor	Broughton, Dorothy			Case nu	ımber (if known)	19-1715	51
	Conv. line 4 hove		4		ebtor 1	non-fili	otor 2 or ng spouse
	Copy line 4 here		4.	\$	0.00	\$	0.00
5. L	List all payroll deductions:						
5	5a. Tax, Medicare, and Social Security deduc	tions	5a.	\$	0.00	\$	0.00
5	5b. Mandatory contributions for retirement p	lans	5b.	\$	0.00	\$	0.00
	5c. Voluntary contributions for retirement pla	ans	5c.	\$	0.00	\$	0.00
5	5d. Required repayments of retirement fund I	oans	5d.	\$	0.00	\$	0.00
5	5e. Insurance		5e.	\$	0.00	\$	0.00
5	of. Domestic support obligations		5f.	\$	0.00	\$	0.00
5	5g. Union dues		5g.	\$	0.00	\$	0.00
5	5h. Other deductions. Specify:		5h.+	\$	0.00	+ \$	0.00
6. A	Add the payroll deductions. Add lines 5a+5b+5d	;+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0.00
7. C	Calculate total monthly take-home pay. Subtract	t line 6 from line 4.	7.	\$	0.00	\$	0.00
	List all other income regularly received: Ba. Net income from rental property and from profession, or farm Attach a statement for each property and bus receipts, ordinary and necessary business ex monthly net income.	iness showing gross	8a.	\$	0.00	\$	0.00
8	Bb. Interest and dividends		8b.	<u>\$</u> —	0.00	\$	0.00
	Family support payments that you, a non regularly receive Include alimony, spousal support, child support settlement, and property settlement.			\$ \$	0.00	\$ \$	0.00
Ω	Bd. Unemployment compensation		8d.	\$—	0.00	\$	0.00
	Be. Social Security		8e.	\$—	822.00	\$	0.00
	Bf. Other government assistance that you re Include cash assistance and the value (if kno that you receive, such as food stamps (benef Nutrition Assistance Program) or housing su Specify: Mothers Workers Comp	wn) of any non-cash assistance its under the Supplemental		\$ \$	0.00	\$ \$	3,200.00
8	Bg. Pension or retirement income		8g.	\$	0.00	\$	0.00
	-	ters Contribution	8h.+	\$		+ \$	500.00
9. A	Add all other income. Add lines 8a+8b+8c+8d+8	e+8f+8g+8h.	9.	\$	822.00	\$	3,700.00
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2	2 or non-filing spouse.	10. \$		822.00 + \$_	3,700	.00 = \$ 4,522.00
Ir O D	State all other regular contributions to the expendence of the contributions from an unmarried partner, menther friends or relatives. Do not include any amounts already included in lines of the contribution of the contributio	embers of your household, your	dependent			Schedule .	<i>J.</i> 11. +\$ 0.00
	Add the amount in the last column of line 10 to Write that amount on the Summary of Schedules and				•		12. \$ 4,522.00
13. D	Do you expect an increase or decrease within the	ne year after you file this for	m?				Combined monthly income
	No.						

Official Form 106l Schedule I: Your Income page 2